

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION**

 DeclarationSubmitted  
with Initial  
Filing DeclarationOR  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16(e))  
Required)

Attorney Docket No.

**632P002**

First Named Inventor

Wallace J. Gardner

COMPLETE IF KNOWN

Application Number

**10/685,058**

Filing Date

October 14, 2003

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPOSITION, KIT AND METHOD FOR REDUCING PLAQUE FORMATION, TOOTH  
DECAY AND INCIDENCE OF CARIES**

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) **October 14, 2003** as United States Application Number or PCT InternationalApplication Number **10/685,058** and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					
I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:					
Application Number(s)	Filing Date (MM/DD/YYYY)				
				<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION – Utility or Design Patent Application

Direct all correspondence to:

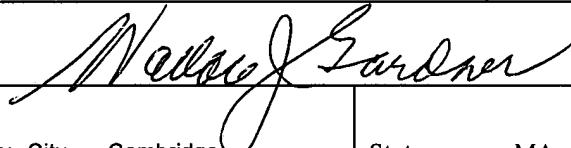
 Customer Number \_\_\_\_\_

Name	Kevin S. Lemack				
	Nields & Lemack				
Address	176 E. Main Street – Suite 7				
City	Westboro	State	MA	Zip Code	01581
Country	US	Telephone	508-898-1818	Fax	508-898-2020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) Wallace J.	Family Name or Surname Gardner
--	-----------------------------------

Inventor's Signature 	Date OCT 14, 2003
--	-------------------

Residence: City Cambridge	State MA	Country US	Citizenship US
---------------------------	----------	------------	----------------

Mailing Address 1791 Massachusetts Avenue

City Cambridge	State Massachusetts	Zip 02140	Country US
----------------	---------------------	-----------	------------

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any])	Family Name or Surname
---	---------------------------

Inventor's Signature	Date
-------------------------	------

Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Mailing Address

City	State	Zip	Country
------	-------	-----	---------

<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.
---



Please type a plus sign (+) inside this box



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/685,058
Filing Date	October 14, 2003
First Named Inventor	Wallace J. Gardner
Group Art Unit	
Examiner Name	
Attorney Docket Number	632P002

I hereby appoint:

Practitioners at Customer Number



Place Customer  
Number Bar Code  
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029
Robert Frame	54,104

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack				
Address	Nields & Lemack				
Address	176 E. Main Street				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	(508) 898-1818	Fax	(508) 898-2020		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Wallace J. Gardner
Signature	
Date	Oct 14, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.